FORM D

SEC Mail Brokessing Section

APR 232008 Wasnington, DC 111

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

1433722							
OMB APPROVAL							
OMB Number: 3235-0076							
Expires: April 30,	2008						
	Estimated Average burden hours per form 16.00						
SEC USE							
Prefix	Serial						
DATE RECEIVED							

		· · ·	1		
Name of Offering: 230, L.P Offering	of Limited Partner.	ship Interests			
Filing Under (Check box(es) that apply):	☐ Rule 504	☐ Rule 505	区 Rule 506	☐ Section 4(6)	□ ULOE
Type of Filing:	New Filing	☐ Amendment			
		ASIC IDENTIFICA	TION DATA		
1. Enter the information requested about the Name of Issuer (check if this is an	issuer amendment and name h	s changed and indic	eate change)		
230, L.P.		o onangou, and more			
Address of Executive Offices 7025 North Scottsdale Road, Suite 230, Scot	tsdale, Arizona 85253	and Street, City, Sta		Telephone Numb (480) 368-1513	
Address of Principal Business Operations (if different from Executive Offices)	(Number	and Street, City, Sta	te, Zip Code)	Telephone Numb	08046064
Brief Description of Business: To operate	as a private investi	ment limited part	nershi <mark>b</mark>		700 700 1
Type of Business Organization	- 174° -		!		
☐ corporation	☑ limited partne	rship, already formed		other (please specify):	N PROCESSED
□ business trust	☐ limited partne	rship, to be formed			MAY 0 2 2008
		Mont			
Actual or Estimated Date of Incorporation or	Organization:	0	4 0	8 Actual	□ ™OMSON REUTE
Jurisdiction of Incorporation: (Enter two-let			: [
CN for Car	nada; FN for other foreig	n jurisuiction)	(D	E
			- 		
GENERAL INSTRUCTIONS			1		
Federal: Who Must File: All issuers making an offer 17d(6).	ing of securities in reliar	ice on an exemption	 under Regulation 	D or Section 4(6), 17 CF	FR 230.501 et seq. or 15 U.S.C.
When to File: A notice must be filed no late Exchange Commission (SEC) on the earlier due, on the date it was mailed by United Stat	of the date it is received	by the SEC at the ad	dress given below	A notice is deemed filed or or, if received at that ad	with the U.S. Securities and dress after the date on which it is
Where to File: U.S. Securities and Exchang	e Commission, 450 Fiftl	Street, N.W., Wash	ington, D.C. 2054	19.	
Copies Required: Five (5) copies of this not obotocopies of the manually signed copy or			must be manuall	y signed. Any copies not	t manually signed must be
Information Required: A new filing must conclude information requested in Part C, and any with the SEC.	ontain all information re- material changes from t	quested. Amendmen he information previ	ts need only repor ously supplied in	t the name of the issuer a Parts A and B. Part E an	and offering, any changes thereto, and the Appendix need not be filed
Filing Fee: There is no federal filing fee.					
State:					
This notice shall be used to indicate reliance that have adopted this form. Issuers relying made. If a state requires the payment of a fewer filed in the appropriate states in accordance.	on ULOE must file a sept as a precondition to the	parate notice with the e claim for the exemp	Securities Admir ption, is fee in the	nistrator in each state who proper amount shall acco	ere sales are to be, or have been ompany this form. This notice shall
		ATTENTIO	•		
Failure to file notice in the appro					
appropriate federal notice will no filing of a federal notice.	ot result in a loss (ot an available s	state exemption	on uniess such exei	mption is predicated on the

	A. BASIC IDENTIFI	CATION DATA	···	
2. Enter the information requested for the follow				
• Each promoter of the issuer, if the issuer has	been organized within the past	five years;		
Each beneficial owner having the power to vo	ote or dispose, or direct the vot	e or disposition of, 10% or r	nore of a class of equ	uity securities of the issuer;
 Each executive officer and director of corpor 	ate issuers and of corporate ger	neral and managing partners	of partnership issue	rs; and
 Each general and managing partner of partner 	rship issuers.			· · - ·
Check Box(es) that Apply:	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)		1		
LLA, LLC (the "GP" or "General Partner")		<u> </u>		
Business or Residence Address (Number and Street, C	ity, State, Zip Code)	Ţ		
7025 North Scottsdale Road, Suite 230, Scottsdale, Ariz	ona 85253	!		
Check Box(es) that Apply: Promoter	E Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		1	·*	<u> </u>
		1		
BLAVIN, PAUL W. Business or Residence Address (Number and Street, C	ity State 7in Code)	i		
Business or Residence Address (Number and Street, C	ity, State, Zip Code)	, I		
7025 North Scottsdale Road, Suite 230, Scottsdale, Ariz	ona 85253			<u>-</u>
Check Box(es) that Apply: Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if individual)				
SPALTER, MICHAEL H.		1 .		
Business or Residence Address (Number and Street, C	ity, State, Zip Code)	i		
88 Williams Street, Providence, Rhode Island 02906		1		
, · · · · · · · · · · · · · · · · · ·	☐ Beneficial Owner	☐ Executive Officer	☐ Director	General and/or
Check Box(cs) that Apply.	Deliciteta Owici		- Birecio.	Managing Partner
Full Name (Last name first, if individual)		İ		
		1		
Business or Residence Address (Number and Street, C	ity State 7in Code)	<u> </u>		
Business of Residence Address (Number and Street, C	ity, State, Zip Code)	1		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, if individual)		<u> </u>		Managing Faither
Tun Name (Last name mst, it mulvidual)				
				
Business or Residence Address (Number and Street, C	ity, State, Zip Code)	1		
		<u> </u>		
Check Box(es) that Apply:	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or
			 .	Managing Partner
Full Name (Last name first, if individual)		1		
		}		
Business or Residence Address (Number and Street, C	ity, State, Zip Code)	i		
		1		
Check Box(es) that Apply: Promoter	☐ Beneficial Owner	Executive Officer	☐ Director	General and/or
		<u> </u>		Managing Partner
Full Name (Last name first, if individual)		I.		
Business or Residence Address (Number and Street, C	ity, State, Zip Code)	İ		
		1		

					В. П	NFORMA	TION A	BOUT O	FERING	<u> </u>	<u> </u>			
									Ī				Yes	No
i.	Has the issue	r sold, or de	oes the issue	er intend to									🗖	X
						also in App			1					
2.	What is the n	ninimum in	vestment th	at will be a	ccepted fro	m any indiv	/idual?		: 					0,000 *
*/-	!		at the oal	a dia awasi	on of the	Congral	Dantuau)		1				Yes	No
•	or any lesser				-				1				G	
3.	Does the offe													
4.	Enter the inf solicitation o registered with a broker or de	f purchases th the SEC	rs in connect and/or with	ction with s a state or s	sales of sec states, list th	curities in the name of	he offering the broker	. If a person or dealer.	on to be lis	ted is an a	ssociated p	erson or ag	ent of a brok	er or deal
Full	Name (Last na								Ì					
NO	•		ŕ											
	iness or Reside	ence Addres	s (Number	and Street	City State	Zip Code)			i i			<u></u>		
			(J.1.j, J	,,			1					
Nar	ne of Associate	d Broker o	r Dealer						I					
1440	ne or rissociate	G DIONEI UI	Demei						<u>!</u>					
Stat	es in Which Pe	reon Listed	Har Colleis	ad or Inten	de to Solici	t Durchasse			[
Sial] 1				🗖 All S	'ante-
	(Check "All ! [AL]	States" or c	heck individ	dual States) [AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	(HI)		iates
	(IL)	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[[1]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
Г 11	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
rull	Name (Last na	ame iirst, ii	inaiviauai)						' 					
Rus	iness or Reside	nce Addres	s (Numbe	r and Stree	t City Stat	e Zin Code	•)		<u> </u>					
Dus	illiess of Reside	ince Address	.5 (14011100	i and site	i, City, Stat	ic, zip cou	-)							
Mar	ne of Associate	d Broker o	r Danlar						•					
INAI	ne of Associate	U DIOKCI O	Dealei											
Stot	tes in Which Pe	rcon Listad	Hac Salicit	ed or Inter	de to Solici	t Durchasar								
Siai							3							
	(Check "All : [AL]	States" or c	heck individual [AZ]	dual States)	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	🔲 All S [ID]	iates
	(AL) (IL)	[IN]	[IAZ]	[KS]	[KY]	[LA]	(ME)	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[HN]	[NJ]	[MM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
F 11	[RI]	[SC]	[SD]	[TN]	[TX]	[ሆፐ]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
rull	Name (Last na	mic Hist, H						(
D	iness or Reside	nga Addres	o (Niumbo	r and Stree	City Stat	a 7in Cod	•)	I						
DUS	miess of Reside	ince Addres	odiiinki) e	i anu stree	i, City, Stat	ю, дір C000	-1	J						
Nar	ne of Associate	d Broker o	r Dealer					; 						
								, 						
Stat	tes in Which Pe	rson Listed	Has Solicit	ed or Inten	ds to Solici	t Purchaser	S							
	(Check "All S	States" or c	heck individ	dual States)									🗖 All S	States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH] (TN)	[NJ] ITXI	[NM]	[NY] (VT)	[NC]	[ND]	[OH] IWVI	[OK] (WI)	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	iter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box licate in the columns below the amounts of securities offered for exchange and already exchanged.	⊒ and	
Ту	pe of Security	Aggregate Offering Price (1)	Amount Already Sold (2)
De	:bt	\$	\$
Eq	uity	S	\$
	☐ Common ☐ Preferred		
Co	onvertible Securities (including warrants)	\$	s
	rtnership Interests		\$ <u>57,174,000</u>
	her (specify)		\$
	Total	\$ 750,000,000	\$ <u>57,174,000</u>
	Answer also in Appendix, Column 3, if filing under ULC	E.	
the wh	other the number of accredited and non-accredited investors who have purchased securities in this offering aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of pool have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enlanswer is "none" or "zero."	ersons	
		Number investors (2)	Aggregate Dollar Amount of Purchases (2)
Ac	credited Investors	<u>9</u>	\$ <u>57,174,000</u>
No	on-accredited Investors	0	\$0
	Total (for filings under Rule 504 only)	N/A	\$N/A
the sec Ty Ru Re	this filing is for an offering under Rule 504 or 505, enter the information requested for all securities see issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first securities in this offering. Classify securities by type listed in Part C - Question 1. The offering the 505. The securities is the content of the first securities by type listed in Part C - Question 1. The offering the securities by type listed in Part C - Question 1. The offering the securities is the first securities by type listed in Part C - Question 1. The offering the securities is the first securities by type listed in Part C - Question 1.	Type of Security N/A N/A N/A N/A	Dollar Amount
giv	Furnish a statement of all expenses in connection with the issuance and distribution of the securits offering. Exclude amounts relating solely to organization expenses of the issuer. The information reven as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimateck the box to the left of the estimate.	nay be	
-	ansfer Agent's Fees		\$ <u>-0-</u>
Tra	inting and Engraving Costs		\$ <u>-0-</u>
	gal Fees	X	\$_40,000
Pri			\$ <u>-0-</u>
Pri Le	counting Fees		\$0-
Pri Le Ac			
Pri Le Ac En	gineering Fees.		\$ -0-
Pri Le Ac En Sa	les Commissions (specify finders' fees separately)		
Pri Le Ac En Sa	gineering Fees.		\$ <u>-0-</u> \$ <u>-0-</u> \$ 40,000 (3)

. C.	OFFERING PRICE,	NUMBER O	F INVESTORS,	EXPENSES AND U	JSE OF PRO	CEEDS		
total expenses furnished	te between the aggregate of in response to Part C - Q	'adjusted gross proceed	eds					
the purposes shown. If t	ont of the adjusted gross puthe amount for any purpose total of the payments lis C - Question 4.b above.	e is not known, i	furnish an estimate	and check the box to th	e			
				. 	Offi Direct	ents to icers, ors, and liates		Payments to Others
Salaries and fees					× \$(4)		\$
Purchases of real estate.				······	🗆 \$			\$
Purchase, rental or leasing	ng and installation of mach	ninery and equip	ment		🗆 \$			\$
Construction or leasing of	of plant buildings and faci	lities	*******************************		🗅 \$			\$
Acquisition of other bus	inesses (including the value for the assets or securitie	e of securities in	volved in this offer	ing that				\$
Repayment of indebtedn	ess				🗆 \$			\$
Working capital					🗆 \$			\$
Other (specify): Fund In	vestments		***************************************	, ,	🗆 \$		X	\$ <u>749,960,000</u>
				1			X	\$ <u>749,960,000</u>
Total Payments Listed (c	column totals added)		***************************************		•••	⊠\$ <u>74</u> 9	9 <u>,960,</u>	000
		D. F	EDERAL SIGN.	ATURE				
The issuer has duly caused thi an undertaking by the issuer to non-accredited investor pursulssuer (Print or Type)	o furnish to the U.S. Secur ant to paragraph (b)(2) of	ities and Exchan	uly authorized personge Commission, up	on. If this notice is filed on written request of its	under Rule 50 staff, the info	rmation furr	wing si	gnature constitutes by the issuer to any
230, L.P.		,	hlu			oril 21, 20	08	
Name of Signer (Print or Type	2)	Title of Signer (Print or Type)	1			,	
BY: MICHAEL H. SPALT	ER	MEMBER OF	LLA, LLC	i 				
(4) The Gener more fully desc	al Partner and affiliateribed in the Issuer's of	es of the Issu confidential o	ier will be entitl ffering material	ed to receive inves	tment mana	gement co	ompei	nsation at a rate
				ı				
			ATTENTION	i i				
Intentional n	nisstatements or om	issions of fa	ict constitute f	ederal criminal vic	lations. (Se	e 18 U.S	.C. 10	001.)

E. STATE SIGNATURE 1. Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions of such	Yes	No
Is any party described in 17 CFR 230 262 presently subject to any of the disqualification provisions of such		No
I sany party described in 17 CFR 230 262 presently subject to any of the disqualification provisions of such	rule?	
in any party accounts in a construct present of any or any or any any		
See Appendix, Column 5, for state response. NOT APPLIC	CABLE	
2. The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this not such times as required by state law.	otice is filed, a notice on Form D (17 CFF	R 239.500) at
3. The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, inform	nation furnished by the issuer to offerees.	
4. The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability these conditions have been satisfied. NOT APPLICABLE		
The issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed person.	d on its behalf by the undersigned duly at	uthorized
Issuer (Print or Type) Signature	Date	
230, L.P.	April 21, 2008	
Title (Print or Type)		
BY: MICHAEL H. SPALTER MEMBER OF LLA, LLC		
į		
1		

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

	•	. ,		ŀ	APPENDIX	1			
1		2	3			4			5
	to non-a	I to sell ccredited s in State -Item 1)	Type of security and aggregate offering price offered in state (Part C-Item I)		Type of investor and amount purchased in State (Part C-Item 2)			Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)	
State	Yes	No	\$750,000,000 aggregate amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No
AL	ļ								
AK									-
AZ						,			
AR									
CA									
co									ļ <u>.</u>
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DE									
DC									
FL						1			
GA									ļ
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ID									ļ.
<u>IL</u>		x	See Above	3	\$30,500,000	N/A	N/A	N/A	N/A
IN		<u> </u>			<u></u>				
IA	<u> </u>	<u> </u>				1		_	
KS						ļ.			
-KY									
LA									
МЕ						!			
MD						1			
MA						ĺ			
MI		X	See Above	5	\$17,000,000	N/A	N/A	N/A	N/A
MN					,				
MS									
МО									
МТ									
NE									
NV	<u> </u>								

					APPENDIX	1					
• ,	·					1		<u> </u>			
1	•	2	3			14			5		
	to non-a	I to sell ccredited s in State -Item I)	Type of security and aggregate offering price offered in state (Part C-Item 1)		Type of investor and amount purchased in State (Part G-Item 2)				Disqualification under State ULOE (if yes, attach explanation of waiver granted) (Part E-Item 1)		
State	Yes	No	\$750,000,000 aggregate amount of Limited Partnership Interests	Number of Accredited Investors	Amount	Number of Non-Accredited Investors	Amount	Yes	No		
NH											
NJ											
NM											
NY											
NC								-			
ND											
ОН				<u> </u>							
OK					-	1					
OR		 									
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RI		х	See Above	1	\$9,674,000	l N/A	N/A	N/A	N/A		
SC											
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TX								_			
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VΤ											
VA				••	<u> </u>						
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